

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 018068
STATE FILE NUMBER

FILED MAY 29 1957

Registration District No.

255

Primary Registration District No.

5872

Registrar's No.

12

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Oregon</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Oregon</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rover</u> | | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>Rover</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>Home</u> | | | | Length of stay in lb | | d. STREET ADDRESS (If outside, give location) <u>RJD</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Calvin</u> Last <u>Karr</u> | | | | 4. DATE OF DEATH Month <u>March</u> Day <u>22</u> Year <u>1957</u> | | | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>8-10-1892</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <u>Oil Rigger</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u> | | 11. BIRTHPLACE (City and state or country) <u>Pottersville, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>J.W. Karr</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Mary E. Fox</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or service) <u>yes WWI WW2</u> | | | | 16. SOCIAL SECURITY NO. <u>441 03 4824</u> | | | |
| 17. INFORMANT <u>James A. Karr</u> | | | | Address <u>Robertson, Mo.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of esophagus</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>12 mos</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | 19. WAS AUTOPSY PERFORMED? <u>0</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>150x</u> | | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____ | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <u>Aug 56</u> , to <u>March '57</u> and last saw her/him alive on <u>March 18, 1957</u> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>M.L. Fowler MD</u> | | | | 22b. ADDRESS <u>West Plains Mo</u> | | | |
| 22c. DATE SIGNED <u>5/16/57</u> | | | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>3-24-57</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Union Grave</u> | | 23d. LOCATION (City, town, or county) (State) <u>West Plains, Mo. RJD</u> | |
| 24. FUNERAL DIRECTOR <u>Robertson</u> | | | | ADDRESS <u>West Plains, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>5/21/57</u> | |
| | | | | 26. REGISTRAR'S SIGNATURE <u>Mrs W.C. Johnson</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

3
1

JUN 14 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. 4547 working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Robert T. Drago
Robert T. Drago

Licensed Embalmer No. 4547

P. O. Address *West Plains*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.